

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO 70/647630
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
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8						
9						
10						
11						
12	1					
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14	1					
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50						
TOTAL IND.	5		3			
TOTAL DEP.	1		7			
TOTAL CLAIMS	6		10			

CLAIMS	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						